06-09-03

PATENT

0 6 2003

Attorney Docket No. MTI-31041-A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of

Ping, et al.

Serial No.

10/046,497

Filing Date

October 26, 2001

For

Method For Forming Raised Structures by Controlled Selective

Epitaxial Growth of Facet Using Spacer

Group Art Unit

2814

Examiner

LE, Thao X.

Confirmation No.

8624

CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being:

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deposited with the United States Postal Service in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231

37 CFR 1.8(a)

37 CFR 1.10

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Transmission

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ie: Lee 6, 8003

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Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:

Response After Final (7 pages)

Supplemental Information Disclosure Statement Form PTO-1449

Check in the amount of \$180.00 (IDS fee)

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STATUS

2. Applicant is a large entity.

RECEIVEL JUN 11 2003

EXTENSION OF TERM

- 3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.
 - [X] Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor.
 - [] Applicant petitions for an extension of time under 37 C.F.R. '1.136 for the total number of months checked below [fees: 37 C.F.R. '1.17(a)(1)-(4)]:

	Extension (months)	or other than entity	Fee for small entity		
[]	one month	\$ 110.00	\$	55.00	
[]	two months	\$ 390.00	\$	195.00	
	three months	\$ 890.00	\$	445.00	
	four months	\$ 1,390.00	\$	695.00	
			Fee:	\$0.00	

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Claims Rema After Amend	_		Highest Number Previously Paid For		Rate (Small Entity)	Additional Fee or	Rate (Large Entity)	Additional Fee
Total	117	Minus	117	=	x 9=\$	\$	x 18	\$ 0.00
Independent	42	Minus	42	=	x 42= \$	\$	x 84	\$ 0.00

FIRST PRESENTATION OF MULTIPLE DEP CLAI	FIR	ST	PR	ESE	NTA	ATION	OF	MUL	TIPI	LΕ	DEP	CLAI	M
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TOTAL ADDIT. Fee \$

or TOTAL ADDIT. Fee \$ 0.00

- c. [] No additional fee for claims is required.
- d. [X] Total additional fee for claims required \$ 0.00

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 23-2053. If any additional fee for claims is required, charge Account No. 23-2053.

Date: June 6,2003

Kristine M. Strodthoff Reg. No. 34,259

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MKE/777973.1